



Peter LaPorte
Director
D.C. Emergency Management Agency
Frank D. Reeves Center
2000 14th St., NW, 8th Floor
Washington D.C., 20009

Temporary Street Closing Application

Please note that this Application takes 15 Working days to Process

Applicant Information:

Name: _____

Address: _____

Daytime Phone #: _____

Application # (Will be Supplied by DCEMA): _____

Street to be Closed: _____

Is this a Metro or other Bus Route: Y / N

Date of Event: _____ Rain Date: _____

Event Setup Time: _____

Event Start Time (This is the time that the Event will open to the Public): _____

Event Finish Time (This is the time that all clean up for the Event will be completed)(All Events must be finished and dismantled by 10 PM): _____

Event Description (Purpose and Type of Event): _____

What Food and/or Beverages will be served? (Not sold): _____

Do you plan to serve Alcohol? Y / N

If so do you have the proper permits? Y / N

Will food be sold? (Vendor Permit required) Y / N

If so what is your Vendor Permit number?: _____

Will any fees, collections, or donations solicited and/or accepted at this event? Y / N

If so what is your D.C. Charitable Solicitation Number?:_____

Are any loud speakers or other means of amplification going to be used at this event? Y / N

If so are you aware of the D.C. noise regulations in your area? Y / N

Do you have all other applicable D.C. Permits for this event? Y / N

Have you paid for all D.C. services from previous events? Y / N

What is your Police District? _____

Event Sponsors

As a Sponsor of this event, we the below signed have read the regulations applicable to such events and agree to hold harmless the District of Columbia, it's officers and employees in the event of injury to any person or damage to property arising out of the use of the street.

Name:_____

Signature:_____

Address:_____

Daytime Phone Number:_____

Name:_____

Signature:_____

Address:_____

Daytime Phone Number:_____

Name:_____

Signature:_____

Address:_____

Daytime Phone Number:_____